

**FILED - LN**

August 18, 2023 3:11 PM

CLERK OF COURT  
U.S. DISTRICT COURT  
WESTERN DISTRICT OF MICHIGAN  
BY: piw / SCANNED BY: EDD 8/21

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## UNITED STATES DISTRICT COURT

for the

Western District of MICHIGAN  
CIVIL DivisionPaul Bryon Brewer

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

President Barack Obama

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No**1:23-cv-875****Hala Y. Jarbou****Chief, U.S. District Judge****COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Non-Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

County

Telephone Number

E-Mail Address

Paul Bryon Brewer  
 607 MORRELL AVE  
 CONNELLSVILLE PA 15425  
 Fayette  
 937-624-2071  
 PAUL BREWER 081@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Barack Obama  
 President of the United States  
 1600 Pennsylvania Ave, NW  
 Washington DC 20500  
 202-456-1111

☐

Individual capacity

☒

Official capacity

Defendant No. 2

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

☐

Individual capacity

☐

Official capacity

## Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## Defendant No. 3

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐ Individual capacity ☐ Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐ Individual capacity ☐ Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

*all the Bill of right.*

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?



- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

The Summer of 2009

- B. What date and approximate time did the events giving rise to your claim(s) occur?

The Summer of 2009

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I have Visions  
in my sleep of future events and will talk  
about them while I sleep. While staying at  
Robert Cici Lotti 2 Bedroom apartment he was  
always listening to me. I said that the Pakistan  
people were on their way to Bomb the west coast  
President Barack Obama committed fraud  
~~for~~ against me and the American people.

I said to send out the Ronald Reagan  
and only take out the Bow of the ship.  
President Barack lied and said he had  
a feeling something was wrong. I Paul  
Buron I Buron was the one that knew

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#### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I have trouble with  
my mind at time still from being shock  
in the back of my neck through my mouth.  
president Barack Obama ~~was~~ ordered  
the shocking.

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#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want the whole United States  
treasury.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 8-17-2023

Signature of Plaintiff

Paul Bremer

Printed Name of Plaintiff

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

Telephone Number

E-mail Address



to District Court Clerk

Wegman St # 213

Jansing MI

48933

Paul Brewer.  
607 MORRELL AVE  
Connellsville PA  
15425

United States

315 w a



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UNITED STATES  
POSTAL SERVICE®

### CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE 937 6

PAUL B BREWER  
607 MORRELL AVE  
CONNELLSVILLE  
15425

### DELIVERY OPTIONS (Customer Use Only)

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature" box. Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases Return Receipt service. If the box is not checked, the Postal Service will mail receptacle or other secure location without attempting to obtain the addressee's signature.

#### Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available. \*Refer to USPS.com® or local Post Office® for availability.)

TO: (PLEASE PRINT)

PHONE (517) 3

US District Court  
315 W ALLEGAN, S  
LANSING MI

ZIP + 4® (U.S. ADDRESSES ONLY)

4 8 9 3 3 -

- For pickup or USPS Tracking™, visit USPS.com or call 800-275-3703
- \$100.00 Insurance Included.

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**Retail**

48933

RDC 07

U.S. POSTAGE PAID  
PME 1-Day  
CONNELLVILLE, PA 15425  
AUG 17, 2023

**\$28.75**

R2304N117256-15

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EI 549 985 437 US

## PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

## ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 15425	Scheduled Delivery Date (MM/DD/YY) 8-18-23	Postage \$ 28.75	
Date Accepted (MM/DD/YY) 8-17-23	Scheduled Delivery Time <input type="checkbox"/> 8:00 PM	Insurance Fee \$	COD Fee \$
Time Accepted 10:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 28.75	
Weight Flat Rate lbs. ozs.	Acceptance Employee Initials D		

## DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, MAY 2021

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**UNITED STATES  
SERVICE**

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